

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

9730 W BLUE MOUND AVE SUITE 200

☐ Check if different than previously reported. (ACC)

MILWAUKEE

WI

53226

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00173278

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Fox

Signature of Treasurer

Richard Fox

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="114.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="114.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12435.00"/>	<input type="text" value="12435.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12549.27"/>	<input type="text" value="12549.27"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="2337.59"/>	<input type="text" value="2337.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="10211.68"/>	<input type="text" value="10211.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
07 01 2014

To:

M M / D D / Y Y Y Y Y Y  
09 30 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1300.00

1300.00

(ii) Unitemized .....

11135.00

11135.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

12435.00

12435.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

12435.00

12435.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

12435.00

12435.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

12435.00

12435.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	931.94	931.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	931.94	931.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1405.65	1405.65
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2337.59	2337.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2337.59	2337.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12435.00	12435.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12435.00	12435.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	931.94	931.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	931.94	931.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 9

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marilyn Dahl**

Mailing Address 96 Lake St.

City State Zip Code  
Oshkosh WI 54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Requester

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2014

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Laurence Dirmeier**

Mailing Address 5168 Juniper Ln.

City State Zip Code  
West Bend WI 53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Requester

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. James Nelson**

Mailing Address N78W8160 Topview Trl.

City State Zip Code  
Cedarburg WI 53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Requester

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Associated Bank**

Date of Disbursement

Mailing Address 433 Main St.

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

City	State	Zip Code
Green Bay	WI	54301

**Transaction ID : SB21B.4940**Purpose of Disbursement  
Facebook

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

541.58

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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**SUBTOTAL** of Disbursements This Page (optional).....▶

541.58

**TOTAL** This Period (last page this line number only).....▶

541.58

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 8 OF 9  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00173278
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>The Marek Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2014</b>
Mailing Address W228 N821 Westmound Dr.		Amount 468.55
City Waukesha	State WI	Zip Code 53186
Purpose of Expenditure Member Mailing	Category/Type	Transaction ID : <b>SE.4946</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 25 / 2014</b>
Name of Federal Candidate GLENN S GROTHMAN		Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Marek Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2014</b>
Mailing Address W228 N821 Westmound Dr.		Amount 468.55
City Waukesha	State WI	Zip Code 53186
Purpose of Expenditure Member Mailing	Category/Type	Transaction ID : <b>SE.4947</b> Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 25 / 2014</b>
Name of Federal Candidate REID J. REP. RIBBLE		Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	937.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Fox

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 18 / 2014**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 9  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WISCONSIN RIGHT TO LIFE POLITICAL ACTION COMMITTEE</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00173278	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>The Marek Group</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 27 / 2014</b>		
Mailing Address W228 N821 Westmound Dr.		Amount <b>468.55</b>		
City Waukesha	State WI	Zip Code 53186	Transaction ID : <b>SE.4945</b>	
Purpose of Expenditure Member Mailing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 28 / 2014</b>	
Name of Federal Candidate SEAN DUFFY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>468.55</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>468.55</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....		<b>1405.65</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Richard Fox</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y <b>11 / 18 / 2014</b>		